AFFIRMATION STATEMENT

“I ______________________________, have enrolled in the personalized sports performance training program offered by TAKEOFF Performance Systems L.L.C. I recognize that the program will involve several different levels of physical activity included but not limited to power training, muscle strength and speed endurance training, cardiovascular conditioning and training, with other various fitness activities. I hereby affirm that I am in good physical condition, have been cleared by a physician, and do not suffer from any known disability or condition which would prevent or limit my participation in this training program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by TAKEOFF Performance Systems L.L.C.

LIABILITY WAIVER

“ In consideration of my participation in this program, I, ______________________________, Hereby release TAKEOFF Performance Systems L.L.C. and its agents from liability claims, financial demands and resultant legal cases as a result of my voluntary participation and enrollment. Health and safety procedures are in place to reduce risk of presence of natural pathogens, viruses bacteria mold mildew and (I, me, my, we) maintain liability and understand my potential exposure that may result in illness or other bodily injury.”

ASSUMPTION OF RISK

“ I fully understand that I may injure myself or may be injured by another as a result of my enrollment and subsequent participation in this program. I, ______________________________, Hereby release TAKEOFF Performance Systems, L.L.C. and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, heat illness, dehydration, injuries to joints, injuries to tendons, injuries to knees, injuries to hips, injuries to ankle/foot, injuries to shoulders or any other illness or soreness that I may incur including death from complications of any of the above conditions.”

MEDIA CONSENT

“I ______________________________, release all media content captured by TAKEOFF Performance Systems L.L.C. and understand that it may be used for and is not limited to evaluation, teaching, demonstration and promotion of services across multiple media sources. Consideration for non-capture production is available for an individual athlete upon written request from participant to TAKEOFF Performance Systems L.L.C.

____________________________________(Participant Signature)  ____________(Date)
____________________________________(Parent Signature if minor)  ____________(Date)
____________________________________ Emergency Contact Name
____________________________________ Emergency Contact #
____________________________________ Emergency Contact Email